

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <i>10666120</i>	FILING DATE <i>09-19-03</i>	
							APPLICANT(8)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53	/	/
4							54	/	/
5							55	/	
6							56	/	
7							57	/	
8							58	/	
9							59	/	
10							60	/	
11							61	/	
12							62	/	
13							63	/	
14							64	/	
15							65	/	
16							66	/	
17							67	/	
18							68	/	
19							69	/	
20							70		
21							71		
22							72		
23							73		
24							74		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.	<i>2</i>	
TOTAL DEP.							TOTAL DEP.	<i>15</i>	
TOTAL CLAIMS							TOTAL CLAIMS	<i>17</i>	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS